



Fairfax Parks and Recreation BKL Cross Country League Registration Form

☐ Fairfax Resident

☐ Non-resident

Childs Name: _____

Address: _____

Age: _____

E-mail: _____

Phone: _____

Would you like to be added to our e-mail list? ☐ Yes ☐ No

Emergency Contact Name: _____

Emergency Contact Number: _____

Any Medical conditions/physical limitations/restrictions _____

Please send me confirmation via ☐ Email ☐ Mail

Parent or Guardian name: _____

Signature of Parent or Guardian _____

Date: _____

Cost: \$10 – Please make payable to Fairfax Parks and Recreation.

Return by Mail with Waiver and Money to:

Fairfax Parks and Recreation

P.O. Box 27

Fairfax, VT 05454

Or Fairfaxparksandrec@yahoo.com

Office use only:

Registration input: ☐ Payment made: ☐ Waiver Signed: ☐ Registration confirmed ☐